

CONFIDENTIAL COMMUNICATION REQUEST

File Number: _____

You may request the Department of Health Services to contact you at another address or telephone number, other than what is currently in your Medi-Cal records, or by a different method (such as only by mail or only by telephone). To request this, please mail this completed form to:

Department of Health Services
EDS Communications
P. O. Box 526018
Sacramento, CA 95852-6018

INDIVIDUAL INFORMATION				
LAST NAME		FIRST NAME		MIDDLE INITIAL
CURRENT ADDRESS		CITY/STATE		ZIP CODE
BENEFICIARY ID NUMBER		DATE OF BIRTH		
CURRENT DAYTIME TELEPHONE NUMBER ()	CURRENT EVENING TELEPHONE NUMBER ()	EMAIL ADDRESS	BEST HOURS TO REACH YOU	
I REQUEST THAT THE DEPARTMENT OF HEALTH SERVICES CONTACT ME AT A DIFFERENT ADDRESS AND/OR A DIFFERENT TELEPHONE NUMBER THAN WHAT IS LISTED IN MY MEDICAL RECORDS BECAUSE CONTACTING ME AT MY CURRENT ADDRESS AND/OR TELEPHONE NUMBER IS A SAFETY ISSUE FOR ME.				
ALTERNATE STREET ADDRESS OR POST OFFICE BOX TO CONTACT ME				
CITY, STATE			ZIP CODE	
ALTERNATE TELEPHONE NUMBER TO CONTACT ME ()				
I MAY ALSO REQUEST THE DEPARTMENT OF HEALTH SERVICES TO LIMIT THE WAY IT CONTACTS ME.				
I REQUEST THAT THE DEPARTMENT OF HEALTH SERVICES CONTACT ME <input type="checkbox"/> ONLY BY TELEPHONE <input type="checkbox"/> ONLY BY MAIL (PLEASE CHECK ONE)				

IDENTIFYING INFORMATION

☐ COPY OF IDENTIFICATION ATTACHED

TYPE _____ (CA DRIVER'S LICENSE, CA DMV IDENTIFICATION CARD, BIRTH CERTIFICATE, BENEFICIARY IDENTIFICATION CARD, MANAGED CARE CARD, STATE OR FEDERAL EMPLOYEE ID CARD)

NUMBER _____

I DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION ON THIS FORM IS TRUE AND CORRECT.

BENEFICIARY SIGNATURE _____ DATE _____

(IF NO IDENTIFICATION IS ATTACHED, YOUR SIGNATURE MUST BE NOTARIZED.)

NOTARIZED BY _____ ON _____ (DATE)

NOTARY PUBLIC NUMBER _____

UNOFFICIAL UNLESS STAMPED BY NOTARY PUBLIC:

☐ ADDRESS VERIFICATION ATTACHED

FORM OF ADDRESS VERIFICATION _____ (UTILITY BILL, PHONE BILL, DRIVER'S LICENSE, ETC.)

NOTE: ANY ATTEMPT TO FALSELY GAIN ACCESS TO PROTECTED HEALTH INFORMATION IS SUBJECT TO LEGAL PENALTIES.